



सत्यमेव जयते



विशाल चौहान, भा.प्र.से.
संयुक्त सचिव

VISHAL CHAUHAN, IAS
Joint Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
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GOVERNMENT OF INDIA
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NHSRC/CU/23-24/PB

1st September 2023

Sir,

At the outset, I congratulate you and your state team for taking up two (02) public health facilities of Punjab for Quality certification under NQAS program. The facilities underwent External Assessment by the empanelled NQAS external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	Packages	Certification Criteria	Overall Score	Certification Status
a).	HWC Chunni Kalan (Fateh Garh Sahib)	02 nd Aug 2023	7 Service packages	Met all criteria	90%	Quality Certified
b).	HWC Mudhal (Amritsar)	07 th Aug 2023	7 Service packages	Met 4 out of 6 criteria	85%	Quality Certified with conditionality*

*Refer Appendix -B

Hence, HWC Chunni Kalan (Fateh Garh Sahib) in the State of Punjab is granted "Quality Certification" under NQAS program.

Whereas, HWC Mudhal (Amritsar) in the State of Punjab are granted "Quality Certification with Conditionality" under NQAS for a period of one (01) year from the date of issue of this letter.

The certified health facilities should strive to work on recommended Areas of Improvements and submit the action plan to the State Quality Assurance Unit. The State Quality assurance unit is expected to verify the improvement in the surveillance audits and submit the status to Certification Unit NHSRC along with the surveillance reports.

Summary of the Assessment Reports of the aforementioned facilities is enclosed as **Appendices-A & B** respectively.

With regards

Yours Sincerely,

(Vishal Chauhan)

Shri Vivek Pratap Singh
Principal Secretary (H&FW) Department of (H&FW)
Government of Punjab, Room No. 314 3rd Floor,
Mini Secretariate Sector-9 Chandigarh-160009

Copy to:

1. The Mission Director - NHM, Department of Health & Family Welfare, Government of Punjab, Room No. 1, 5th Floor, Prayas Building, Dakshin Marg, Sector 38-B, Chandigarh.
2. State Quality Assurance Unit, National health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
3. The Community Health Officer, HWC Chunni Kalan (Fateh Garh Sahib) Punjab.
4. The Community Health Officer, HWC Mudhal (Amritsar) Punjab.

Summary Report of External Assessment

Name of the facility : HWC Chunni Kalan (Fateh Garh Sahib), Punjab.
Date of Assessment : 02nd Aug 2023
Overall Score : 90%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 90%)
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 (91%) Standard D3 (100%) Standard D4 (93%) Standard D5 (78%) Standard G2 (83%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 74%

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	91%
B	Patient Rights	87%
C	Inputs	91%
D	Support Services	90%
E	Clinical Services	91%
F	Infection Control	92%
G	Quality Management	80%
H	Outcome	96%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	89%
2	Neonatal & Infant Health Services	99%
3	Childhood & adolescent Health Services	96%
4	Family Planning	96%
5	Management of Communicable diseases	98%
6	Management of Non-Communicable Diseases	84%
7	Drugs & Diagnostics	93%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	91%
Standard A2	The facility provides drugs and diagnostic services as mandated	88%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	89%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	83%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	94%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	67%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	97%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	100%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	88%
Standard C4	The facility provides drugs and consumables required for assured services	88%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	67%

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	96%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	100%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	100%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	93%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	78%
Standards D6	The facility is compliant with statutory and regulatory requirement	75%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	100%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	86%
Standard E3	The facility has defined and established procedures of diagnostic services.	100%
Standard E4	The facility has defined procedures for safe drug administration.	88%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	83%
Standard E6	The facility has defined and established procedures for nursing care.	100%
Standard E7	The facility has defined and established procedures for Emergency care	70%
Standard E8	The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/ clinical guidelines	NA
Standard E9	The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/ clinical guidelines	NA
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	96%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	81%

Standard E12	Elderly & palliative health care services are provided as per guidelines	NA
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	97%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	100%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	88%
Standard E17	The facility has established procedure for intranatal care as per guidelines	NA
Standard E18	The facility has established procedure for postnatal Care	100%
Standard F1	The facility has established program for infection prevention and control	83%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	100%
Standard F3	The facility ensures standard practices and equipment for Personal protection	100%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	100%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	87%
Standard G1	The facility has established organizational framework for quality improvement.	79%
Standard G2	The facility has established system for patient and employee satisfaction	83%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	86%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	81%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	67%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	100%

Standard H3	The facility measures Clinical Care Indicators.	90%
Standard H4	The facility measures Service Quality Indicators	100%

5. Areas of improvement:

S. No	Recommended areas of improvement
1.	De Addiction services should be provided and the afacility.
2.	Cancer Screening programme needs to be strengthened.
3.	Patient Support Groups should be established.

Summary Report of External Assessment

Name of the facility : HWC Mudhal (Amritsar) Punjab.

Date of Assessment : 07th Aug 2023

Overall Score : 85%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 85%)
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria not met Refer to table no.3
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 (88%) Standard D3 (94%) Standard D4 (100%) Standard D5 (88%) Standard G2 (100%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria not met Refer to table no.4
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 4.36

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	88%
B	Patient Rights	73%
C	Inputs	71%
D	Support Services	84%
E	Clinical Services	91%
F	Infection Control	78%
G	Quality Management	84%
H	Outcome	96%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	100%
2	Neonatal & Infant Health Services	100%
3	Childhood & adolescent Health Services	100%
4	Family Planning	92%
5	Management of Communicable diseases	83%
6	Management of Non-Communicable Diseases	89%
7	Drugs & Diagnostics	63%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	88%
Standard A2	The facility provides drugs and diagnostic services as mandated	88%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	82%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	56%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	63%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	67%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	97%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	93%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	75%
Standard C4	The facility provides drugs and consumables required for assured services	48%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	100%

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	67%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	71%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	94%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	100%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	88%
Standards D6	The facility is compliant with statutory and regulatory requirement	63%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	96%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	86%
Standard E3	The facility has defined and established procedures of diagnostic services.	100%
Standard E4	The facility has defined procedures for safe drug administration.	69%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	100%
Standard E6	The facility has defined and established procedures for nursing care.	100%
Standard E7	The facility has defined and established procedures for Emergency care	20%
Standard E8	The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/ clinical guidelines	NA
Standard E9	The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/ clinical guidelines	NA
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	81%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	90%

Standard E12	Elderly & palliative health care services are provided as per guidelines	NA
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	100%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	90%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	100%
Standard E17	The facility has established procedure for intranatal care as per guidelines	NA
Standard E18	The facility has established procedure for postnatal Care	100%
Standard F1	The facility has established program for infection prevention and control	100%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	25%
Standard F3	The facility ensures standard practices and equipment for Personal protection	100%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	67%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	89%
Standard G1	The facility has established organizational framework for quality improvement.	79%
Standard G2	The facility has established system for patient and employee satisfaction	100%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	100%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	69%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	83%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	100%

Standard H3	The facility measures Clinical Care Indicators.	100%
Standard H4	The facility measures Service Quality Indicators	67%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Internal assessment should be done on regular basis to identify gaps.
2.	Documentation process should be improved.
3.	Labelling of drugs and consumables should be done at point of use.